

Sample MTM form for assistance in guiding medication therapy review.



COMMUNITY HEALTH PLAN
of Washington™

PATIENT INFORMATION	
Name:	Date of Birth:
Primary Care Physician:	Allergies:

PATIENT HISTORY	
Past Medical History:	Family History:
Social History:	Behavioral Status (Smoking, Alcohol Use, Sleep Habits, Etc):
Current Chronic Conditions:	

List Of Current Prescribed Medications With Dosages
(Includes Over-The-Counter And Dietary Supplements):

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7: |
| 3. | 8: |
| 4. | 9: |
| 5. | 10: |

List of "High Risk" Medications
(See Beers List)

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7: |
| 3. | 8: |
| 4. | 9: |
| 5. | 10: |

Relevant Lab Values:

Sample MTM form for assistance in guiding medication therapy review.



Member's Concerns To Be Discussed At This Visit:

Drug-Drug Interactions:	High Risk Meds (Drugs To Be Avoided In The Elderly):
Diabetes Medication Dosing:	Medication Persistence:
Polypharmacy:	Overutilization:
Underutilization:	Medication Issues Resolved:
Overall Prescription Drug Costs:	

Patient Understanding:	
Self-Management (Programs And Resources):	
Member Satisfaction:	Provider Satisfaction:

Sample MTM form for assistance in guiding medication therapy review.



COMMUNITY HEALTH PLAN
of Washington™

ASSESSMENT

--

PLAN

--

FOLLOW-UP RECOMMENDATIONS

--